

ANNUAL CLIENT ASSISTANCE PROGRAM REPORT

FY 2000

**DEPARTMENT OF EDUCATION
OFFICE OF EDUCATION AND REHABILITATION SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202**

ANNUAL CLIENT ASSISTANCE PROGRAM REPORT

Designated Agency:

Name: Department for Rights of Virginians with Disabilities

Address: Ninth Street Office Bldg., 202 N. 9th St-9th Floor
Richmond, Virginia 23219

Phone number: (804) 225-2042 **Fax number** (804)225-3221

Operating agency (if different from designated agency): N/A

PART I. AGENCY WORKLOAD DATA

A. Informational/referral services (non-cases)

1. Information regarding the Rehabilitation Act	463
2. Information regarding Title I of ADA*	435
3. Other information provided	63
4. Total information/referral services	961*
5. Individuals attending trainings by CAP staff	473

* Note this figure is substantially lower than in previous years. Last year the figure reported for total I&R was 9,651. However, this is because this year, for the first time, DRVD is able to track I&R by program. In previous years, as noted in reports, the I&R figure included I&R provided under all programs and we were informed by our funding sources that we were required to track by program.

B. Individuals served

1. Individuals still being served as of October 1 (carryover)	52
2. Additional individuals served during the year	66
3. Total of individuals served (Lines B1+B2)	118
4. Individuals (from line B3) who had multiple case files opened/closed this year.)	0

C. Individuals still be served as of September 30 (carryover to next year) (Total may not exceed Line I.B.3.)

47

D. Reasons for closing individual's case files

(Choose one primary reason for closing each case file)

1. All issues resolved in individual's favor	44
2. Some issues resolved in individual's favor (when there are multiple issues)	0
3. CAP determines VR agency position/decision was appropriate for the individual	2
4. Individual's case lacks legal merit; inappropriate for CAP intervention	4

5. Individual chose alternative representation	1
6. Individual decided not to pursue resolution	9
7. Appeals were unsuccessful	1
8. CAP services not needed due to individual's death, relocation, etc.	1
9. Individual refused to cooperate with CAP	0
10. CAP unable to take case due to lack of resources	0
11. Other (explain on separate sheet)	9
*Unresolved. No response from client.	

E. **Outcomes achieved** (choose one primary outcome for each closed case file. There may be more case files than the total number of individuals served.) *

1. Controlling law/policy explained to individual	11
2. Application for services completed	1
3. Eligibility determination expedited	2
4. Individual participated in evaluation	0
5. IWRP developed/implemented	11
6. Decision reversed or compromise reached	17
7. Communication re-established between individual and other party	8
8. Individual assigned to new counselor/office	3
9. Alternative resources identified for individual	2
10. ADA/EEO/OCR complaint made	0
11. Other (explain on separate sheet)	16*

* No outcomes due to a variety of reasons. One individual chose alternative resources; 1 relocated; 1 case had a lack of merit; 9 individuals failed to respond to CAP; 4 decided not to pursue their issues with CAP.

PART II. PROGRAM DATA

A. **Age (as of October 1)**

1. 21 and under	14
2. 22-40	45
3. 41-64	57
4. 65 and over	2
5. Total (sum of Lines A1 thru A7 - must also equal Line I.B3)	118

B. **Gender**

1. Females	50
2. Males	68
3. Total (Lines B1+B2 - must also equal Line I.B3)	118

C.	Race/ethnicity	
	1. American Indian or Alaskan Native	0
	2. Asian or Pacific Islander	4
	3. Black not of Hispanic Origin (African American)	28
	4. Hispanic	1
	5. White not of Hispanic Origin	85
	6. Race/ethnicity unknown	0
	7. Total (sum of Lines C1 through C4 must also equal Line I.B3)	118
D.	Primary disabling condition of individuals served	
	1. Blindness (both eyes)	8
	2. Other visual impairments	9
	3. Deafness	4
	4. Hard of hearing	1
	5. Deaf-blind	0
	6. Orthopedic impairments	17
	7. Absence of extremities	0
	8. Mental illness	26
	9. Substance abuse (alcohol or drugs)	1
	10. Mental retardation	4
	11. Specific learning disabilities (SLD)	12
	12. Neurological disorders	1
	13. Respiratory disorders	1
	14. Heart & other circulatory conditions	1
	15. Digestive disorders	0
	16. Genitourinary conditions	0
	17. Speech impairments	0
	18. AIDS/HIV positive	2
	19. Traumatic Brain Injury(TBI)	4
	20. All Other Disabilities	27
	21. Disability not known	0
	22. Total (sum of Lines D1 though D21- must also equal I.B3)	118
E.	Types of individuals served (Multiple responses permitted No line can exceed Line I.B3)	
	1. Applicants for Vocational Rehabilitation Program	16
	2. Clients of VR Program	100
	3. Applicants or clients of Independent Living Programs	2
	4. Applicants or clients of other programs/projects funded under the Act	0
	5. Applicants or clients of rehabilitation facilities (Non-VR)	0

F. Sources of person's concern	
1. VR agency only	113
2. Other Rehab Act sources only (see instructions)	1
3. Both VR agency and other sources (Rehab Act)	4
4. Employer	0
G. Problem areas (Multiple responses permitted -	
1. Individual requests information	4
2. Communication problems between individual and counselor	6
3. Conflicts about services to be provided	4
4. Related to application/eligibility process	16
5. Related to IWRP development/implementation	115
6. Other Rehabilitation Act-related problems	0
7. Non-Rehabilitation Act-related problems	0
8. Related to Title I of the ADA	1
H. Types of CAP services provided (Chose one primary service CAP provided for each closed case file. There may be more case files than actual individuals served.	
1. Informational/referral	91
2. Advisory/interpretation	100
3. Negotiation	63
4. Administrative (informal reviews)	10
5. Mediation	0
6. Formal appeal procedures\fair hearings	5
7. Legal (judicial court action)	1
8. Transportation	0
I. Satisfaction of individual served	
1. Number of satisfaction surveys mailed	71
2. Number of satisfaction surveys returned	16
3. Of the number of surveys returned indicate how many rated their overall level of satisfaction with CAP in the Following ways:	
a) very satisfied	11
b) satisfied	2
c) not satisfied	3
4. Of the number of individuals who responded "not satisfied" enter areas of dissatisfaction (multiple responses permitted)*	
a) timeliness of CAP response	3
b) timeliness of CAP service	3
c) communication with CAP staff	3
d) CAP service/follow through	3

- | | |
|-------------------------------------|---|
| e) CAP's knowledge of relevant laws | 3 |
| f) rapport/relationship with CAP | 3 |
| g) information about CAP | 3 |
| h) other | |

* The same 3 individuals expressed dissatisfaction in each of the areas cited above. Note that the response rate to the survey increased from 6% in FY 1999 to 22.5% in FY 2000.

4. Of the number of surveys returned, indicate whether the individuals served would use CAP again.

- | | |
|--------|----|
| a) yes | 12 |
| b) no | 4 |

PART III. NARRATIVE (Attach separate sheet/s)

PERSON TO CONTACT ABOUT

THIS FORM (PRINT NAME) Heidi L. Lawyer

PHONE NUMBER (804) 225-2015

Susan T. Ferguson, Director

Date

NARRATIVE
Department for Rights of Virginians with Disabilities
2000 Annual Client Assistance Program Report

a) **Type of agency used to administer CAP**

1) external-P&A

b) **Source of funds expended**

Source of Funding	Total expenditures spent on individuals
Federal funds	\$253,224
State funds	0
All other funds	0
Total from other sources	0

c) **Budget for current and following fiscal years**

Category	Current Fiscal Year	Next Fiscal Year
Wages and Salaries	\$141,516	\$131,269
Fringe Benefits (FICA, unemployment, etc.)	38,021	38,001
Materials/Supplies	1,902	1,985
Postage	1,734	1,882
Telephone	6,855	7,522
Rent	5,597	14,180
Travel	6,810	7,432
Copying	787	860
Insurance	0	0

Equipment Rental/Purchase	5,080	4,813
Legal Services	5,276	4,911
Indirect Costs	34,077	37,070
Miscellaneous	5,569	5,964
Total Budget	253,224	255,889

d) Number of Person years

Type of Position	Full-Time Equivalent	% of year position filled	Person years
Professional			
Full-time	2.96	100%	2.96
Part time	0.12	100%	0.12
Vacant	0		
Clerical	0		
Full-time			
Part-time			
Vacant			

e) Summary of presentations made

The following rights related presentations about CAP and other rehabilitation programs and projects were made during the program year:

Date	Title/Topic of Presentation	Group Addressed/Location	# of Attendees
10/12/99	Client Assistance Program and your VR Rights	Self-Advocacy Workshop, VCU-RRTC, Lynchburg CIL	23
10/26/99	Client Assistance Program	DRS/DVH Hearing Officers' Training, DRS, Richmond	12
10/30/99	Answered questions about Transition, VR Rights and agency role	"Future Quest" sponsored by Northern Virginia Transition Coalition	250

3/1/2000	CAP, DRVD, Transitions Training	Blue Ridge CIL staff, Christiansburg satellite staff, and limited DRS staff	12
3/7/2000	DRVD Overview, CAP and Transition Training	Norfolk Transition Team, including parents and professionals	13
3/30/2000	DRVD and Client Advocacy Programs: What You Should Know	Regional CIL Conference including four CILs (Independence Empowerment Center, Endependence Center of NOVA; Central Virginia Center for Independent Living, Access Independence)	50
4/5/2000	Overview of DRVD and CAP Program	Statewide Independent Living Council, Richmond	20
4/22/2000	DRVD and CAP Overview	Upper Mattaponi Native American Indian Local Council	15
4/27/2000	Focus Group on CAP, DRVD and other programs	Piedmont Independent Living Center Consumer/Board Member, Goodwill Industry Rep, Cross Disability Advocate, Parks/Recreation— held in Danville	5
5/25/2000	Title I – ADA – What is Discrimination, Getting Assistive Technology through IDEA, Client Assistance Program	Research and Rehabilitation Training Center at VCU, Self-Advocacy Leadership Institute for Customers, George Mason Univ.	8
5/26/2000	Transition Training	Junction Center for Independent Living	6
6/10/2000	Transition Training	Access Independence CIL, Charlottesville	4
6/29/2000	Overview of DRVD, CAP and Transition	Danville CSB and Harmony House Clubhouse, Danville	55

f) Involvement with Advisory Boards

1. The DRVD Director served on the State Rehabilitation Council for the Department of Rehabilitative Services. She had substantial input into the revision of the DRS appeals policy. She regularly attended meetings, was involved in discussions, and participated in ongoing reviews of agency policy and of both agency's state plans for provision of services.
2. A CAP advocate served on the Department for the Visually Handicapped State Rehabilitation Council. She regularly attended meetings and provided feedback to the DVH Commissioner regarding the needs of agency CAP clients. The advocate has been able to increase DVH management's awareness regarding provision of information about CAP and DRVD. This year, references to CAP were incorporated in the DVH plan and agency management ensured CAP that the program with its telephone number was being provided in all written material relating to who clients can call when they have concerns about services.
3. A CAP advocate attended quarterly meetings of the State Council for Independent Living in order to be aware of issues being discussed and bring those back to agency CAP staff to determine appropriate follow-up. The CAP Managing Attorney is also taking a more active role with that group.
4. The agency participates actively in a statewide advocacy coalition, the Coalition for Children with Disabilities, which focuses on the needs of children and adolescents with disabilities in the area of education and transition, including transition services that may be provided by the VR agency.
5. DRVD's Deputy Director is a member of the State Special Education Advisory Committee and is active in the monitoring and review of laws and regulations. DRVD also provides comments through this committee both formally and informally on various Virginia Department of Education (DOE) plans and policies. This year, DRVD submitted comprehensive comments on DOE's proposed regulations governing special education services.
6. The DRVD Director is an active member of the Virginia Board for People with Disabilities (VBPD)--the Commonwealth's DD Council as well as the Advisory Council of the Virginia Institute on Developmental Disabilities (VIDD)--the Commonwealth's University Affiliated Program. Through this work, DRVD is able to provide input into joint projects, funding priorities, and bring an advocacy view to the work being performed for children and adults with developmental disabilities.
7. DRVD is a member of the Virginia Assistive Technology (VATS) Council which seeks to eliminate barriers to consumers obtaining assistive technology devices and services in all environments (home, school, work, community). This year, DRVD provided \$15,000 to VATS through its Assistive Technology (AT) program to hold a AT statewide conference at George Mason University.

8. A DRVD staff attorney served on the State Board of Elections Accessibility Task Force which was developed to ensure accessibility of voter polling places to persons with disabilities. The work of the Task Force will likely result in changes in the policy of elections officials concerning people with disabilities. Legislative proposals have been developed by the Task Force which provide for greater flexibility in allowing persons with disabilities the opportunity to vote in private at an accessible polling location, among other important provisions.
9. The Deputy Director serves on the Board of Directors of the state Autism Program (TAP), a legislatively funded initiative designed to provide access to persons with autism of all ages to appropriate services, including employment and other support services for adults with autism and related disorders.

f) Outreach to unserved/underserved populations

During the FY 2000 fiscal year, the CAP staff made a number of efforts with respect to ensuring that persons throughout the Commonwealth were made more aware of DRVD/CAP services and issues relating to vocational rehabilitation. These efforts included the following:

- DRVD developed a Fact Sheet on Employment Discrimination and an Overview of the Rehabilitation Act Amendments. Both are available in large print, Braille, and Spanish. DRVD also developed a number of fact sheets through its DD program designed for students receiving special education and their families. The issues addressed through these fact sheets were: Independent Educational Evaluation, Prior Written Notice, Suspension/Expulsion, Procedural Safeguards, and Least Restrictive Environment. All of the issues covered through these fact sheets are directly relevant to students in transition who may be eligible for vocationally-related services through their school division and in collaboration or cooperation with the VR agency.
- CAP identified Native Americans in Virginia as an underserved population in FY 99. CAP continued its work in this area in FY 2000. The CAP advocate attended Virginia Council on Indians meetings throughout the fiscal year and attended their March Conference. She provided CAP and DRVD brochures for them to place in the conference Packets. The Chief in Chesapeake has indicated that he had no problem with the advocate contacting all of the tribes in his area, which she is in the process of doing. The advocate spoke at the local council of the Upper Mattaponi Indian Tribe in King William County at their Tribal Center. She discussed DRVD, CAP, Priorities, Transition and other resources and supplied materials and handouts they could share with other members of the tribe. The training was arranged vs. the tribal chief and the audience was receptive to the training. Alternative formats of written materials were provided. The advocate has also sent materials about CAP and DRVD to the Chickahominy Tribe and is discussing the possibility of talking with the Tidewater Indian Support Group. One tribe leader has not returned the advocate's telephone calls. This work will continue in FY 2001.

- CAP brochures, the VR Rights Fact Sheet, the Transition Fact Sheet, the Rehabilitation Act Amendments Fact Sheet, and the Employment Discrimination Fact Sheet are routinely distributed to all clients and through the Consumer Services Division, to potential clients. Twice this year, a mailing of approximately 200 brochures were sent to all DRS field offices and 50 brochures were sent to each of the CILs and DVH offices. The CILs in the western part of the state requested monthly mailings which were done.
- DRS includes a copy the CAP brochure in the application packages which applicants for VR services receive. DRVD routinely sent additional copies of the CAP brochure and the hand-out noted above to DRS/DVH field offices to ensure that adequate supplies were maintained. Towards the end of the fiscal year, CAP staff began inquiring of each client whether they received a CAP brochure from their VR counselor and how they heard about CAP. They are also asked whether they were required to go through another process before contacting CAP. The purpose is to ensure that clients have easy and immediate access to CAP if they require services and to identify individual “problem” offices in which CAP services appear to be less accessible. Data collection is still in the early stage and no pattern has been detected regarding any particular offices or regions that might be problematic. This activity will continue during FY 2001.
- A CAP staff person is serving on the Virginia Brain Injury Council, a statewide interagency advisory council comprised of consumers, health care professionals and state agency representatives. The CAP advocate regularly attends meetings at which provides information on the CAP program and input into other areas being discussed. An article was submitted for publication by the Brain Injury Association in their newsletter but that newsletter has not yet been published. In early FY 2001, the Brain Injury Association will have a display at the *Journey toward Independence* Conference and DRVD materials will be provided at the conference.
- The Spinal Cord Injury System includes DRVD’s CAP brochure and VR Rights Fact Sheet in their initial mailing to newly injured persons.
- Each CAP advocate/attorney were assigned specific Centers for Independent Living (CILs) with which to maintain contact. All CILs were contacted in person and by phone several times during the year. Their training needs were assessed via survey and CAP staff provided training to a number of CILs, including those in underserved areas. Some CILs were not interested in receiving training. Follow-up with those CILs will continue. A number of the CILs with which the agency maintains ongoing contact focus on underserved populations. For example, among the focuses of the Junction Center for Independent Living are deaf issues. The Valley Association for Independent Living has a focus on rural transportation, among other issues. Contact with the CILs will continue in FY 2001. Training delivered this fiscal year is reported above in Section (e).
- A CAP advocate spends one afternoon a month at the Rehabilitation Center for the Blind and is available to talk with a Center client about the CAP program. A CAP

advocate also spends one afternoon a month at the Woodrow Wilson Rehabilitation Center for the same purpose. Both advocates routinely provide written information and talk with interested individuals.

- CAP staff seek opportunities to make presentations to client groups or mixed customer-staff groups about CAP and DRVD. Trainings are listed above and include persons of diverse backgrounds and disabilities.

:

h) Alternative dispute resolutions

DRVD has a policy on mediation. All CAP clients are offered the use of mediation prior to requesting a Fair Hearing. The processes and benefits of mediation are explained to consumers and they are given the option of choosing mediation vs. a more formal dispute resolution mechanism. Mediation was not used this fiscal year. One of the difficulties has been that mediation is voluntary and has been refused twice by DRS when requested. DRS has developed a mediation policy. CAP provided substantial input on that policy to ensure that it adequately protected the rights of consumers and properly represented the CAP role. Many of CAP's suggestions were incorporated into DRS' final policy.

i) Systemic Advocacy

- A CAP advocate brought the issue of inconsistency in discipline practices at the Woodrow Wilson Rehabilitation Center (WWRC). CAP requested all disciplinary policy information from WWRC. At the end of the fiscal year updated information was being awaited. As a result of this activity, the CAP advocate has been appointed to a newly constructed ethics board at the facility.
- The CAP advocate identified a number of systemic issues relating to the Training Building at WWRC., as follows. The elevator was consistently malfunctioning, there were difficulties with the current alarm system, and no call bells in the bathroom. The CAP managing attorney directed the advocate to work with the internal administration to address these issues. WWRC has been responsive to the issues raised and is having an independent elevator operator evaluate the problem. WWRC also admitted that the current fire alarm system is not adequate for individuals who are deaf or hard of hearing and has solicited an outside opinion regarding how to upgrade the system. WWRC is in the process of identifying vendors to determine the feasibility of an alarm system in the public bathrooms and will solicit bids based on the study. The call bell system was determined to be cost prohibitive but WWRC is now using personal alarm systems and have set up a periodic monitoring system for the bathroom by staff. The facility terminated elevator usage until the elevator is fixed. WWRC has agreed to update CAP regarding corrective action implementation.
- Issues regarding problems of DRS clients having access to transportation via DRS sponsorship was brought forth because Medicaid pays more to drivers than does DRS. This is particularly true in rural areas. The CAP advocate obtained information regarding the amount paid to Medicaid drivers, rules surrounding reimbursement, etc. The advocate

talked with an individual in the DRS Central Office and he provided a written response noting that while DRS does generally pay the lower prices, if any vendor indicated they would not provide transportation because Medicaid pays more, DRS would pay the more competitive amount.

- ❑ CAP requested that DRS revise its Fair Hearing materials (letter and policy) relating to the use of medication. References in these materials made it appear as though DRVD staff conducted mediation. DRS agreed to revise the materials to accurately represent DRVD's role as advocate/legal representative to clients.
- ❑ CAP brought to DRS' attention that their policy on funding graduate school did not have an exception for providing funding at above the state school rate if an in-state program is not available. This exception is included for four year college programs. DRS was responsive to this comment and indicated that the lack of such an exception was not their policy intent. They agreed to review the policy. This occurred at the end of the fiscal year and it is not known if the policy will be changed.
- ❑ CAP submitted comments to DRS regarding their proposed policy on mediation, many of which were incorporated into the final policy draft.
- ❑ CAP continues to await a Virginia Supreme Court decision regarding funding of religious education. The case Virginia College Building Authority v. Lynn, was heard in June and the decision is due in November 2000. At that point, CAP will make a decision regarding the status of a client's case regarding funding of religious education through DRS.
- ❑ DRVD has continued to pursue and clarify its role with regard to CAP involvement in implementation of the federal Workforce Investment Act. The Director and Deputy Director have participated in a number of meetings with the other disability agencies designed to ensure appropriate levels of accessibility of one-stop service centers to persons with disabilities. DRVD has also advocated for CAP inclusion on the State Workforce Investment Council.
- ❑ DRVD continues to review DRS and DVH policy as new policy is introduced. The staff is monitoring a review by the Attorney General's Office emanating from a case related to funding of religious education. The agency is also looking into the DRS policy regarding funding higher education. The DRVD Director provided substantial input into the DRS Appeals Policy through her participation on the State Rehabilitation Council.
- ❑ The agency participates actively in a statewide advocacy coalition, the Coalition for Children with Disabilities, which focuses on the needs of children and adolescents with disabilities in the area of education and transition, including transition services that may be provided by the VR agency. The Coalition has spent a large portion of this fiscal year preparing comprehensive comments on both the federal and proposed state special education regulations. The CAP Managing Attorney and DRVD Deputy Director also provided training on the new federal special education regulations.

- ❑ DRVD's Deputy Director is a member of the State Special Education Advisory Committee and is active in the monitoring and review of policy, laws and regulations. DRVD provided substantial input regarding implementation of the new special education mediation process required under federal law.
- ❑ DRVD is an active participant on the Virginia Assistive Technology Council which discusses issues related to access to technology for persons with disabilities of all ages, including persons who are applicants or clients of the vocational rehabilitation system.
- ❑ DRVD participated on the SRAC subcommittee that advised the Fair Hearing Coordinator on the review and selection of applicants for positions as hearing officers for Fair Hearings. The performance of hearing officers and the quality of their decisions were also addressed in this forum. DRVD also participates in the training of Fair Hearing Officers.
- ❑ DRVD tracks and monitors relevant legislation each year. This year, legislation monitored and commented on a number of proposed bills, some directly relevant to CAP, others relevant to persons with disabilities who could potentially be served by the CAP program.

Legislation proposed by DRVD through the Governor and passed by the General Assembly, included the following:

- State statutory access to facilities, records, and clients. This law provides statutory access to DRVD as the state's protection and advocacy entity, to have reasonable, unfettered access to facilities and institutions (as defined in 37.1-1 and 37.1-179) and all other facilities and institutions that provide care or treatment to individuals with disabilities. This includes reasonable access to clients, records, and facilities for purposes of investigating allegations of abuse or neglect and conducting other activities necessary to protect the rights of persons with disabilities.
- Notification of all critical incidents and deaths in facilities operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services. This law provides DRVD with timely information concerning critical incidents or deaths in facilities operated by DMHMRSAS. DRVD had received, under an informal agreement, general notification of deaths in facilities but received no notice of critical incidents. The information received prior to the passage of this law, provided only a date of death & a facility. It omitted the patient's name, authorized representative and any circumstances of death, thus rendering DRVD unable to determine probable cause or not and to pursue a timely investigation and/or correction/resolution of the incident which occurred. Statutory notification ensures that DRVD is provided with sufficient facts regarding the individual in question and the circumstances surrounding the critical incident or death to reasonably determine if abuse or neglect occurred. A critical incident is defined as serious bodily injury or loss of consciousness requiring medical treatment
- Confidentiality of DRVD client and investigative records. The passage of this legislation was critical to ensuring confidentiality of records, notes, documents, reports, or other

information or material collected by DRVD in the course of representing someone who alleges abuse, neglect, or discrimination. DRVD, as the state's protection and advocacy entity provides legal services to its clients in the same manner as a law firm.

Legislation proposed by DRVD through the Governor and not passed by the General Assembly included:

- Transfer of DRVD from the Secretary of Health and Human Resources to the Secretary of Administration (already in place through Executive Order.

DRVD reviewed and/or monitored/commented on a variety of legislative initiatives and bills covering such issues as

- State special education regulations: prohibition to exceed the requirements of state law or federal law or regulations unless state law directs the Board of Education to exceed the requirements.
- Hiring of staff by community services boards, local departments, behavioral health authorities and agencies licensed by DMHMRSAS pending completion of criminal background checks
- Home and Community-Based Waiver for Mental Retardation Study
- Mental health pre-discharge planning
- Notice of group homes for persons with mental illness and/or mental retardation
- Establishment of MHMRSAS Trust Fund from the sale of vacant buildings held by DMHMRSAS for use to enhance and ensure quality of care and treatment provided to consumers with mental illness, mental retardation, or substance abuse.
- Health care coverage for biologically based mental illness
- Zoning of group homes
- Licensing of adult care residences
- Institutionalization of children with developmental disabilities: study
- Vehicle registration cards for owners with disabilities
- Civil Rights Act of 2000 (proposing creation of super-agency)
- Study by Department of Rehabilitative Services of the spinal cord and brain injury registries
- Study on employment opportunities for workers with disabilities
- Study on Medicaid "buy-in" option for people with disabilities
- Speech language pathologists in public schools

j) **On-Line information/outreach**

DRVD has continued to update and revise its web page this fiscal year. It includes access to the VR Rights hand-out as well as information on all of DRVD's programs and priorities.

Case Examples

Example 1. Mr. R. a forty-year old man who had become paraplegic due to an accident, had been a VR sponsored student at the state's rehabilitation center for nearly a year when he contacted the DRVD Client Assistance Program. He had completed about 70 percent of an Electronics Technology training program with a 95- percentile average before being transferred against his will to a newly implemented Computer Upgrade and Repair program.

Mr. R. believed that he had agreement from his home VR counselor to take both Electronics Technology (ET) and the new Computer Upgrade and Repair (CUR) programs, but his VR counselor sided with the Center to complete only the CUR program. The client wanted an opportunity to finish both and receive a diploma from both as preparation to become truly competitive for later self-employment. The CAP advocate advised Mr. R. regarding his rights of individualization, maximization, and informed as these elements were central to requesting implementation of a plan encompassing both programs.

The Principal, upon questioning by the CAP advocate, affirmed that the rehabilitation center policy permits training in one area only unless the training areas are sequentially related to a job field, e.g., moving from a clerk to a bookkeeper. The CAP advocate learned that the instructor for Computer Repair (CUR) had told the Principal that it was not necessary to have Electronics Technician (ET) course first or at all to do CUR.

The CAP advocate reviewed the Center's curriculum documents and developed a chart showing a some areas of content overlap, that meant having training in one area would support and reduce time in the other. In addition, the advocate noted Mr. R's excellent training performance. The CAP advocate negotiated with the home VR counselor who was unclear on the particular courses' contents and objectives. The Counselor thought that Mr. R. asked for Computer Repair as soon as he could get in, and that the rehabilitation center appropriately made the decision for only one program. The CAP advocate sent a letter to Mr. R's home Rehabilitation Counselor requesting his approval for the continuing enrollment back into Electronics Technician when the current Computer Upgrade and Repair program ends. Attached to it was a memo from Instructor of both programs citing the advantages of both programs vice only one. The Instructor estimated that Rob could finish the ET program in five to six months after completion of the current Computer Repair program.

The CAP advocate received an e-mail from the home Rehabilitation Counselor approving completion of both programs. This was subsequently followed up by written notice from the rehabilitation center confirming addition of the second program and the anticipated completion date. The client was extremely pleased with this outcome and the case was closed.

Example 2. Mr. S. is a 44 year old man with degenerative disk disease, depression, and antisocial personality disorder. He had reapplied to DRS for vocational rehabilitation services shortly after being released from prison. He had re-applied to the Department of Rehabilitative Services shortly after being released from prison. According to the client, his counselor was unconvinced of the client's need for pain management and initially refused to provide appropriate testing to determine the necessity for physical restoration and pain management services. The client had a history of not

being able to maintain employment for any length of time, partly due to his disability and partly due to his many years of imprisonment.

Mr. S. contacted CAP in March 1999. He requested assistance in convincing DRS of his desire to work. The CAP advocate met with the client and his DRS counselor and achieved the following (1) further diagnostic testing to determine what physical restoration services he would need; (2) declaration of eligibility for services; (3) physical therapy (as a result of the above mentioned diagnostic services); (4) bus passes to help the client with transportation to and from diagnostic testing and physical therapy

Through subsequent negotiations with the DRS counselor, the CAP advocate was able to obtain for the client: (1) tools and equipment for apprenticeship training to be a machinist; (2) maintenance funding for two months while he was recuperating from surgery; and (3) medication while he was recuperating from surgery.

CAP intervention assisted in diminishing the barriers that existed regarding this client's potential. Over time, the counselor and client were able to establish a much more positive relationship which will assist the client to reach his goals.